SHOREHAVEN HEALTH CENTER
1306 WEST WISCONSIN AVENUE

OCONOMOWOC 53066 Phone: (262) 567-8341 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Yes Number of Beds Set Up and Staffed (12/31/03): 161 Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/03): 161 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 143 Average Daily Census: 155

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups	ઇ		17.5 37.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.1		35.7
Day Services	No	(- 5-, -1,		65 - 74	6.3	•	
Respite Care	Yes	Mental Illness (Other)	1.4	75 - 84	36.4		90.9
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	42.0	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.1	95 & Over	13.3	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.7			Nursing Staff per 100 Res:	idents
Home Delivered Meals	Yes	Fractures	0.7		100.0	(12/31/03)	
Other Meals	Yes	Cardiovascular	9.1	65 & Over	97.9		
Transportation	No	Cerebrovascular	17.5			RNs	9.5
Referral Service	No	Diabetes	3.5	Gender	용	LPNs	8.6
Other Services	Yes	Respiratory	6.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	28.7	Male	23.8	Aides, & Orderlies	51.0
Mentally Ill	No			Female	76.2		
Provide Day Programming for			100.0				
Developmentally Disabled	No			1	100.0		
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Method of Reimbursement

		edicare			Medicaid Sitle 19			Other		:	Private Pay	;		amily Care			anaged Care	l		
Level of Care	No.	ુ	Per Diem (\$)	No.	ે	Per Diem (\$)	No.	용	Per Diem (\$)	No.	양	Per Diem (\$)	No.	용	Per Diem (\$)	No.	용	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	 1	1.2	150	0	0.0	0	1	1.8	215	0	0.0	0	0	0.0	0	2	1.4
Skilled Care	6	100.0	232	68	84.0	150	0	0.0	0	55	98.2	205	0	0.0	0	0	0.0	0	129	90.2
Intermediate				12	14.8	150	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	12	8.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		81	100.0		0	0.0		56	100.0		0	0.0		0	0.0		143	100.0

SHOKEHAVEN HEADTH CENTER

Admissions, Discharges, and Deaths During Reporting Period	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03										
beachs builing Reporting Ferrod					% Needing		Total				
Percent Admissions from:	į	Activities of	8	As	sistance of	% Totally	Number of				
Private Home/No Home Health	2.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents				
Private Home/With Home Health	2.9	Bathing	0.7		68.5	30.8	143				
Other Nursing Homes	2.9	Dressing	5.6		69.2	25.2	143				
Acute Care Hospitals	72.7	Transferring	12.6		69.2	18.2	143				
Psych. HospMR/DD Facilities	0.0	Toilet Use	11.9		59.4	28.7	143				
Rehabilitation Hospitals	10.1	Eating	42.0		46.2	11.9	143				
Other Locations	8.6	******	******	*****	*****	******	*****				
otal Number of Admissions	139	Continence		용	Special Treatmen	ts	용				
ercent Discharges To:	1	Indwelling Or Extern	nal Catheter	5.6	Receiving Resp	iratory Care	8.4				
Private Home/No Home Health	21.3	Occ/Freq. Incontiner	nt of Bladder	49.7	Receiving Trac	heostomy Care	0.0				
Private Home/With Home Health	14.4	Occ/Freq. Incontiner	nt of Bowel	40.6	Receiving Suct	ioning	0.0				
Other Nursing Homes	0.6				Receiving Osto	my Care	2.8				
Acute Care Hospitals	2.5	Mobility			Receiving Tube	Feeding	2.8				
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	4.2	Receiving Mech	anically Altered Diets	33.6				
Rehabilitation Hospitals	0.0										
Other Locations	11.9	Skin Care			Other Resident C	haracteristics					
Deaths	49.4	With Pressure Sores		7.7	Have Advance D	irectives	80.4				
otal Number of Discharges	į	With Rashes		1.4	Medications						
(Including Deaths)	160				Receiving Psyc	hoactive Drugs	53.1				

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility	Ownership: Nonprofit y Peer Group		100	Size: -199 Group	Licensure: Skilled Peer Group		Al: Faci:	l lities
	olo	%	Ratio	%	Ratio	%	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	76.7	87.9	0.87	87.0	0.88	86.6	0.89	87.4	0.88
Current Residents from In-County	79.0	87.5	0.90	86.4	0.91	84.5	0.94	76.7	1.03
Admissions from In-County, Still Residing	23.0	22.9	1.00	18.9	1.22	20.3	1.13	19.6	1.17
Admissions/Average Daily Census	89.7	144.5	0.62	166.7	0.54	157.3	0.57	141.3	0.63
Discharges/Average Daily Census	103.2	147.5	0.70	170.6	0.60	159.9	0.65	142.5	0.72
Discharges To Private Residence/Average Daily Census	36.8	49.7	0.74	69.1	0.53	60.3	0.61	61.6	0.60
Residents Receiving Skilled Care	91.6	93.9	0.98	94.6	0.97	93.5	0.98	88.1	1.04
Residents Aged 65 and Older	97.9	97.1	1.01	91.3	1.07	90.8	1.08	87.8	1.12
Title 19 (Medicaid) Funded Residents	56.6	50.3	1.13	58.7	0.96	58.2	0.97	65.9	0.86
Private Pay Funded Residents	39.2	34.6	1.13	22.4	1.75	23.4	1.68	21.0	1.87
Developmentally Disabled Residents	0.0	0.6	0.00	1.0	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	31.5	35.5	0.89	34.3	0.92	33.5	0.94	33.6	0.94
General Medical Service Residents	28.7	23.0	1.24	21.0	1.37	21.4	1.34	20.6	1.40
Impaired ADL (Mean)	54.4	51.9	1.05	53.1	1.02	51.8	1.05	49.4	1.10
Psychological Problems	53.1	62.2	0.85	60.0	0.89	60.6	0.88	57.4	0.93
Nursing Care Required (Mean)	7.1	7.2	0.98	7.2	0.98	7.3	0.98	7.3	0.97